

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

Best Available Copy

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	3-5-04	
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8	✓		
9	✓		
10	○	=	
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14	✓		
15	○	=	
16	✓	=	
17	✓	=	
18	✓	✓	
19	○	=	
20	✓	✓	
21	✓		
22	✓		
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30	✓	✓	
31	○	=	
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34			
35	✓	✓	
36	○	=	
37			
38	✓	=	
39	✓	✓	
40	○	=	
41			
42	✓	✓	
43	✓		
44	✓		
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here